FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 502114 (2)

1. Corporation Name
RIVERVIEW BARGAIN CENTER, INC.

Principal Place of Business	Mailing Address
401 N. 22ND STREET TAMPA FL 33605	401 N. 22ND STREET TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1976
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-1725624 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTELLANO, SAM 407 N. 22ND ST. TAMPA FL 33605	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, LEO	1.2 NAME	
STREET ADDRESS	401 N. 22ND ST.	1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	1.4 CITY ST ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, MARY	2.2 NAME	
STREET ADDRESS	401 N. 22ND ST.	2.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	2.4 CITY ST ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, SAM	3.2 NAME	
STREET ADDRESS	6202 38TH AVENUE SOUTH	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3.4 CITY ST ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, JOHN B.	4.2 NAME	
STREET ADDRESS	102 RONELE DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	4.4 CITY ST ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, MARY	5.2 NAME	
STREET ADDRESS	401 N. 22ND ST.	5.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sam Castellano Sam Castellano — 4/28/95 (813) 247-5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201272 CP